



Please type or print in ink.

NAME OF FILER

(LAST)

11 APR 7 PM 3:27

(FIRST)

(MIDDLE)

Farfan

Victor

Anthony

1. Office, Agency, or Court

Agency Name

Division, Board, Department, District, if applicable

Your Position

Hawaiian Gardens City Council - City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency:

RDA

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of

Hawaiian Gardens

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Assuming Office: Date ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have been an individual engaged in preparing this statement. I have reviewed the
herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3-29-2011

(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Victor Farfan</u>

1. BUSINESS ENTITY OR TRUST	
Name <u>Victor Farfan</u>	
Address (Business Address Acceptable) <u>74 Discovery Irvine, CA 92618</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Insurance Services</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Insurance Broker</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)
<u>Spectrum Risk Management</u>

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
--	---

NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
---	--

<input type="checkbox"/> Leasehold _____ Yrs. remaining	<input type="checkbox"/> Other _____
--	--------------------------------------

<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached
--

1. BUSINESS ENTITY OR TRUST	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
--	---

NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
---	--

<input type="checkbox"/> Leasehold _____ Yrs. remaining	<input type="checkbox"/> Other _____
--	--------------------------------------

<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached
--

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____

► NAME OF SOURCE
Assemblymember Tony Mendoza
 ADDRESS (Business Address Acceptable)
12501 E. Imperial Hwy Suite 210
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/28/2010	\$ 94.50	ticket/sporting game
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
Boryeong City - Korea
 ADDRESS (Business Address Acceptable)
77 Seongjusanro Boryeong-Si 355-71
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
churyecheorigman-do, Republic of Korea

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/29/2010	\$ 120	Etched Stone
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
The Bingo Club
 ADDRESS (Business Address Acceptable)
21900 Norwalk Blvd Hawaiian Gardens
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/09/2010	\$ 35.00	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
Englander, Krabe & Allan
 ADDRESS (Business Address Acceptable)
801 South Figueroa St Suite 1050, Los Angeles
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA 9007

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/14/2010	\$ 120	Golf
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
WOODruff, Spradlin & Smart
 ADDRESS (Business Address Acceptable)
555 Antel Blvd Suite 1200, Cate, Texas
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
SA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/13/2010	\$ 60	Food
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____